



Lane Regional
Medical Center

Empowering the Community

LANE REGIONAL MEDICAL CENTER
PRIVILEGES APPLICATION FORM
Emergency Medicine

R G A

- ANESTHESIA
 - Endotracheal
 - Laryngoscopy, indirect and direct
 - Infiltration anesthesia
 - Peripheral and regional nerve block
 - Conscious sedation
- EYE, EAR, NOSE & THROAT
 - Removal of foreign bodies of nose and ear
 - Removal of superficial corneal foreign bodies
 - Tympanotomy
 - Anterior and posterior nasal pack
 - Uncomplicated infections
- GYNECOLOGY
 - Emergency vaginal delivery with episiotomy
- INTERNAL MEDICINE
 - Diabetic ketoacidosis
 - Diabetic coma
 - Pulmonary edema
 - Congestive heart failure
 - Respiratory insufficiency
 - Acidosis, metabolic or respiratory
 - Alkalosis, metabolic or respiratory

- ___ ___ ___ Toxic exposure, including ingestion and inhalation, and drug overdose
- ___ ___ ___ Status epilepticus
- ___ ___ ___ Thyrotoxicosis
- ___ ___ ___ Acute psychosis
- ___ ___ ___ Acute hypertension
- ___ ___ ___ Cardiorespiratory arrest
- ___ ___ ___ Coma, etiology unknown
- ___ ___ ___ Acute myocardial infraction
- ___ ___ ___ Cardiac arrhythmias
- ___ ___ ___ Massive GI bleed
- ___ ___ ___ Status asthmaticus
- ___ ___ ___ Shock
- ___ ___ ___ Critical electrolyte imbalance
- ___ ___ ___ Severe cerebrovascular accident
- ___ ___ ___ Near-drowning
- ___ ___ ___ Delirium tremens
- ___ ___ ___ Hepatic or renal insufficiency
- ___ ___ ___ Uncompleted lower respiratory infections
- ___ ___ ___ EKG interpretation
- ___ ___ ___ Closed chest cardiac massage
- ___ ___ ___ Defibrillation and countershock
- ___ ___ ___ Cardiorespiratory resuscitation and advance life support
- ___ ___ ___ Mechanical ventilation
- ___ ___ ___ ORTHOPEDICS
- ___ ___ ___ Arthrocentesis
- ___ ___ ___ Injection of tendon sheaths, ligaments, trigger points and bursa
- ___ ___ ___ Repair of extension tendons
- ___ ___ ___ Closed reductions of fracture or dislocation of phalanges, clavicle, ribs, and fibula

- Emergency splinting or major fractures
- Splinting of nondisplaced fractures
- RADIOLOGY
- Emergency cystogram
- SURGERY
- Tracheostomy
- Criocothyrotomy
- Debridement, revision, repair, and closure of wounds of skin, soft tissues, and mucous
- Incision and drainage of superficial abscesses and hematomas
- Debridement, revision, repair and closure of simple wounds of nose, auricle, and eyelids
- Lumbar puncture
- Tube thoracostomy
- Abdominal paracentesis
- Thoracentesis
- Pericardiocentesis
- Intravenous catheterization, peripheral and central
- Venous cutdown
- Intracardiac injection
- UROLOGY
- Insertion of urethral catheters, filiforms and sounds
- Urinary bladder aspiration by needle or trochar
- OTHER
- Emergency proctosigmoidoscopy
- Rapid Sequence Intubation

Applicant signature _____ Date _____

STATEMENT OF CONFIDENTIALITY

It is the policy of Lane Regional Medical Center and the Medical Staff that any and all information concerning a patient of the facility is of a strictly confidential nature. THIS APPLIES TO VERBAL, WRITTEN OR FAX TRANSMISSIONS. Confidentiality is a right entitled to each patient beginning at admission or upon making a reservation for admission and the right is never terminated. It is the duty and responsibility of every physician, employee and volunteer of Lane Regional Medical Center to ensure that right, both at work and off duty.

By signing below, I signify that I understand and agree to the following:

1. I acknowledge that all information in the patient record (a medical/legal document) including evidence of patient identity as well as the course of clinical treatment is strictly confidential. I will abide by the policy of Lane Regional Medical Center and I will not jeopardize the patient's right to confidentiality (either verbally, in writing or via Fax transmission) of any information which may be used to identify a patient.
2. I agree that in reviewing records, data or hospital documents containing patient information that this information will be used only for the treatment of the patient.
3. I further understand that I could be subject to legal action for violation of any confidences related to patient information.

Name _____
(Please Print)

Signature

Date

PHYSICIAN

STATEMENT OF ACKNOWLEDGMENT

This is to verify that I have received a copy of the following notice to physicians:

NOTICE TO PHYSICIANS: Medicare/Champus payments to hospital is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal Funds may be subject to fine, imprisonment, or civil penalty under applicable Federal law.

Signature

Date

_____, M.D.
Printed Name